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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Tajikistan

Proposed UNFPA assistance: $6.0 million, $4.0 million from regular resources and $2.0 million from multi-bilateral resources and/or other, including regular, resources

Programme period: 5 years (2000-2004)

Cycle of assistance: First

Category per decision 96/15: Country with economy in transition

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	2.7	2.0	4.7
Population and development strategies	0.5	-	0.5
Advocacy	0.4	-	0.4
Programme coordination and assistance	0.4	-	0.4
Total	4.0	2.0	6.0

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TAJIKISTAN

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)	--	≥60
Contraceptive prevalence rate (15-44) (%)	--	≥55
Access to basic health services (%)	--	≥60
Infant mortality rate (/1000)[1]	57	≤50
Maternal mortality ratio (/100,000)[2]	130	≤100
Gross female enrolment rate at primary level (%)[2]	80	≥75
Adult female literacy rate(%)	--	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1]United Nations Population Division, Department of Economic and Social Affairs, United Nations Secretariat, *World Population Prospects : The 1998 Revision*.
[2]United Nations ACC Task Force on Basic Social Services, *Wall Chart on Basic Social Services for All*, 1997.
Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 2000	6 188	Annual population growth rate (%)	1.47
Population in year 2015 (000)	7 756	Urban	2.81
Sex ratio (/100 females)	99.3	Rural	1.44
Per cent urban	32	Total fertility rate (/woman)	4.15
Age distribution (%)		Life expectancy at birth (years)	
Ages 0-14	40.4	Males	64.2
Youth (15-24)	19.5	Females	70.2
Ages 60+	6.7	Both sexes	67.2
		GNP per capita (U.S. dollars, 1997)	330

Sources: Data are from the Population Division, Department of Economic and Social Affairs, United Nations Secretariat, World Population Prospects: The 1998 Revision; Urban and rural data, for2000-2005 are from United Nations, World Urbanization Prospects: The 1996 Revision; GNP per capita is from the World Bank. Two dashes (--) indicate that data are not available.

NB. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 2000-2004 to assist the Government of Tajikistan in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $6.0 million, of which $4.0 million would be programmed from UNFPA regular resources, to the extent that such resources are available. UNFPA would seek to provide the balance of $2.0 million from multi-bilateral resources and/or other, including regular, resources to the extent possible. This would be the Fund's first programme of assistance to Tajikistan. Assistance was earlier provided to Tajikistan under a UNFPA-supported subregional programme (1995-1999).

2. The proposed programme was formulated in close consultation with governmental, non-governmental, United Nations and donor organizations and takes into account the development priorities of the Government. It is based on the recommendations of the UNFPA Country Population Assessment (CPA) conducted in 1998 under the leadership of a national steering committee with the assistance of a team of national experts and UNFPA Country Support Team (CST) advisers. The programme is harmonized with the programme cycles of UNICEF and the World Food Programme (WFP). The results of the Common Country Assessment (CCA) have been taken into consideration and UNFPA will collaborate with its United Nations Development Group (UNDG) partners in updating the CCA and preparing for the United Nations Development Framework (UNDAF) exercise to be carried out towards the end of the programme cycle.

3. Since the International Conference on Population and Development (ICPD), Tajikistan has adopted laws and issued specific decrees reflecting concern for the health status of the population. In 1995, the Government adopted The Declaration on Reproductive Health, which supports all aspects of family planning and the extension of reproductive health services to the rural population. This Declaration was reinforced in 1997 by a law emphasizing the protection of public health and, in particular, women's health through the improved availability of modern means of contraception for the prevention of undesired pregnancies. Contraceptive services were developed and strengthened on the basis of this law. The Ministry of Health has set out its priorities in an internal strategy document containing a comprehensive health reform plan, with a specific family planning policy. In 1997, the Government established a National Commission on Population and Development under the chairmanship of the Deputy Prime Minister.

4. The goal of the proposed programme would be to contribute to national efforts to improve the quality of life through better reproductive health care and to support sustainable development and gender equity. The proposed programme would be implemented through subprogrammes in reproductive health, population and development strategies, and advocacy. Gender concerns would be mainstreamed throughout the programme.

5. The proposed programme was developed within the framework of a human rights approach. All activities under the proposed programme, as in all UNFPA activities, would be undertaken in accordance with the principles and objectives of the ICPD Programme of Action, which was endorsed by the General Assembly in its resolution 49/128.

Background[1]

6. Most of Tajikistan is mountainous and largely rural. The total population size was estimated to be 6.1 million in 1998. From 1993 through 1998, the average annual growth rate was 1.7 per cent. The age structure is young, with 44 per cent of the population under 15 years of age, providing a strong base for continued population growth. The civil war and consequent instability resulted in a significant loss of life, the displacement of about 700,000 inhabitants and the widespread destruction of housing and other resources. About 350,000 residents emigrated during the 1990 to 1996 period. It is estimated that up to 80 per cent of the population lives below the poverty line.

7. In the mid-1970s, birth rates began to decline, continuing throughout the initial period of economic transition following Independence. Between 1989 and 1995, the total fertility rate declined from 5.2 births per woman to 3.7. The trend may be reinforced by the shift from a more traditional pattern of teenage marriages to a later age at marriage. Contraceptive use has grown rapidly in recent years. The usage of contraception is reported to have reached approximately 30 per cent among married women in 1997, with the intra-uterine device (IUD) used by about 80 per cent of those relying on modern methods.

8. Mortality and other health indicators have been adversely affected by the war and economic difficulties since Independence. Life expectancy declined to 68 years in 1995. For the period 1990-1993, the Ministry of Health reported increases in the infant mortality rate (IMR) from 41 per 1,000 live births to 47 per 1,000. These levels have since declined; the IMR in 1998 was reported at 30 per 1,000 live births. Acute respiratory infections continue to be the leading cause of infant death. The maternal mortality ratio increased from 42 per 100,000 live births in 1990 to 94 per 100,000 in 1995. It is reported to have declined to 65 per 100,000 live births in 1997, but these estimates are subject to some margin of error. Abortions are legal in Tajikistan; the exposure of women to multiple abortions throughout their reproductive life is a significant health risk leading to infertility, pelvic inflammatory diseases and other morbidity, and to death. Although the abortion ratio declined from 256 per 1,000 live births in 1990 to 195 per 1,000 live births in 1997, mortality from abortions continues to rank third among the causes of maternal mortality. During 1996-1997, the principal causes of maternal deaths were haemorrhage (38 per cent) and toxaemia (27 per cent). The

[1] *Unless otherwise indicated, the data given in the text are from governmental sources, including the Ministry of Health, and may vary from the data in the fact sheet.*

continuing high rates of birth, maternal mortality, prenatal mortality, abortion, sexually transmitted diseases (STDs) and the overall low health index of the female population are influenced by numerous factors, among them poor nutrition. Approximately 96 per cent of pregnant women are reported to suffer from anaemia, and the nutritional levels of women are expected to worsen.

9. Laws and policy pronouncements provide for the equality of women and protection of their rights. Nevertheless, the transition to a market economy has reduced the employment of women in the public sector, and the restructuring of the economy has provided few opportunities for women to gain employment. At the same time, women had to assume additional responsibilities as heads of households during the civil war, while having to earn their livelihood under the restraining conditions of the local market economy.

Previous UNFPA assistance

10. Under the subregional programme (1995-1999) for the six countries of Central Asia, UNFPA assistance to Tajikistan amounted to approximately $2.5 million. The purposes of UNFPA assistance were to improve access to reproductive health information and services, to strengthen institutional capacity for training in service provision and to strengthen policy formulation. In the Kathlon province and in the capital, reproductive health centres were modernized. The recent decline in abortion rates reflects increased contraceptive availability. However, due to the unrest in the country, the UNFPA programme faced limitations in the logistical management of supplies and equipment, including in the procurement and distribution of commodities to service delivery points.

11. At the national level, information, education and communication (IEC) materials were published and distributed. Support was given to the National Commission on Population and Development, and a Population Studies Centre was set up. Support, in the form of technical advice, training and data processing equipment was also provided for preparations for the 2000 census. UNFPA-funded projects were executed by the World Health Organization (WHO), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the United Nations Statistics Division.

12. UNFPA has acquired valuable experience and insights on various facets of the national health and population and development programmes that require special attention. As one of the main international organizations providing support to the population and reproductive health programme in Tajikistan, UNFPA has established good working relationships with the key ministries in the Government; this provides a base for understanding and prioritizing problems, and for project development, implementation and monitoring within the context of the national programme. Given the current post-conflict and reconstruction situation, reproductive health needs and rights, especially

those of women, require particular attention. The Fund's past experience in Tajikistan would enable it to effectively assist the Government in addressing these issues.

Other external assistance

13. Multilateral and bilateral organizations have contributed to Tajikistan's development programme. The Government of the Netherlands has provided support for village health facilities; the Department for International Development of the United Kingdom has provided maternity and paediatric kits to hospitals; Save the Children-USA has supported maternal and child health with technical assistance and training to village-based health committees; and CARE has provided nutritional assistance to pregnant and lactating mothers. The Government of Germany provided resources for the procurement of contraceptives. The Government of Finland provided funding to support preparations for the census planned for 2000. The Canadian International Development Agency and the Aga Khan Foundation are planning support for maternal and child health.

14. WHO has provided assistance for the health system's reform and for malaria and typhoid fever control. It has also targeted reproductive health activities such as perinatal care, including breastfeeding, STD sentinel surveillance, the training of family health nurses and efforts to deal with violence against women. UNICEF has been active in child protection, and it supports increasing the efficiency of health education systems for children and women. UNDP and the United Nations Office of Project Services have assisted in establishing a network of Community Development Centres and in the management of rehabilitation and reconstruction.

15. Following the General Agreement on the Establishment of Peace and National Accord (1997), achieved under the auspices of the United Nations, a United Nations Consolidated Inter-Agency Appeal was launched to mobilize additional external assistance from the international donor community in support of peace and reconciliation in Tajikistan. UNFPA would make use of the appeals process to mobilize additional funds in the future.

Proposed programme

16. The goal of the proposed programme is noted in paragraph 4. A two-pronged strategy would be developed: (a) to expand reproductive health services outreach, especially in selected rural areas; and (b) to adopt a comprehensive population and development strategy. Focused advocacy interventions would be undertaken to support the strategy. National capacity in the areas of data collection, research and analysis would be strengthened, inter alia, to provide relevant data for implementing the health reform, developing information, education and communication (IEC) strategies, and undertaking advocacy among political and traditional leaders. The proposed programme would support activities in three subprogrammes: reproductive health, population and

development strategies, and advocacy, with gender issues constituting integral components of each subprogramme. The programme would seek to promote national ownership in execution, implementation, monitoring and evaluation activities within each subprogramme.

17. Reproductive health subprogramme. The purpose of the reproductive health subprogramme would be to contribute to increased utilization of integrated, gender-sensitive and quality reproductive health services, especially among rural and underserved populations, and of reproductive health information to bring about behavioural change regarding safe sexual and reproductive health practices. This subprogramme would be implemented at national and selected oblast (provincial) levels. The subprogramme would seek to strengthen institutional capacity and to promote greater community awareness of reproductive health issues.

18. The first expected output would be a comprehensive national reproductive health policy and plan of action to be implemented by trained managers with adequate authority to plan, monitor and evaluate a network of reproductive health services in collaboration with civil society. This output would be achieved by reinforcing management capacity at both national and decentralized levels and by promoting effective collaboration among the agencies involved. The aim would be to overcome what the CPA identified as weak management structures, with the attendant problems of, for example, stock-outs at service delivery points resulting from inadequate information flows. To link supplies and equipment to population needs efficiently, the health management information system (HMIS) used for local and national decision-making would be updated and its personnel trained appropriately. Special attention would be given to strengthening the management and coordination capacities of the Republican Reproductive Health Centre to monitor the provision of reproductive health/family planning services through a network of primary health-care outlets.

19. The Government has drafted a strategy on public health care for the period up to 2005. This strategy recognizes the need to reform the health-care system and reorganize services for the cost-effective delivery of a basic package of essential services. The subprogramme would support the upgrading of management and coordination capacities required for high-quality and preventive health care in which reproductive health services are integrated. Recognizing the need for reproductive health services, the Ministry of Health developed a draft strategy, "National Family Planning Programme for the Period 1999-2002", which is in the process of being approved by the Government.

20. The reproductive health subprogramme would undertake an assessment of reproductive health services, as this would provide baseline information for strengthening management capacities. The availability of a wider range of modern contraceptive methods would be improved through the fielding of a contraceptive and logistics management mission to review and recommend necessary

changes, through training in logistics planning and management at national and provincial levels, and through the expansion of service delivery points equipped to meet the needs of users.

21. The second expected output of the subprogramme would be enhanced quality of care provided through an expanded network of reproductive health services. Focusing at the primary health care level, the aim would be to reach vulnerable and underserved population groups and communities, including internally displaced persons (IDPs). The network of reproductive health services would be expanded through outreach channels, such as the Community Development Centres and the social patronage system (a network of non-medical volunteers which provides welfare services, including home visits, to the most vulnerable families in the community).

22. Responding to concerns expressed in the CPA about high infant and maternal mortality levels and other health problems affecting mostly women, UNFPA would help strengthen the capacity to deliver quality reproductive health services to underserved populations through support for equipment and supplies for reproductive health, including the procurement of modern contraceptives; the rehabilitation and reconstruction of facilities in disadvantaged and underserved areas; and training in the provision of essential obstetric care, including active management of third-stage labour. Community outreach would be improved through support to non-governmental organizations (NGOs) to improve access to quality information and services for vulnerable and underserved population groups. The training of physicians and paramedical personnel would be supported so that they could provide high-quality reproductive health services. Provincial and district health providers with special competence would be trained to act subsequently as trainers in district-level training programmes.

23. The third expected output of the subprogramme would be wider utilization of reproductive health services by target population groups, including adolescents, as a result of improved knowledge about reproductive health concerns and issues and safe sexual practices. Knowledge about available contraceptive methods and their side-effects or benefits is limited. Provider preference for the IUD limits the range of choices offered to clients. Although the literacy level is high in Tajikistan, the lack of printed materials and a relative absence of mass media information constrain individual freedom of contraceptive choice. The subprogramme would seek to establish a core of expertise in communication planning and IEC materials development, provide technical assistance to develop a national IEC strategy on family planning, population, gender and reproductive health; assess IEC capabilities for production and distribution of health and education materials at regional centres; and provide IEC support for the involvement and participation of men in reproductive health and gender issues. Technical assistance would be provided for the development of materials adapted to the country's sociocultural circumstances, based on a participatory approach that includes local leaders, parents, and education and health professionals.

24. The subprogramme would, inter alia, emphasize the role and responsibility of men in the prevention of STDs and HIV/AIDS. UNFPA would support a multisectoral programme in STD and HIV/AIDS prevention in the context of the Joint United Nations Programme on HIV/AIDS (UNAIDS). This would include the promotion and distribution of condoms and an emphasis on male responsibility in reproductive health.

25. Of the $4.7 million to be allocated to this subprogramme, $2.0 million would be sought from multi-bilateral or other sources. As the proposed subprogramme would focus assistance on the rural and underserved population, including refugees and IDPs, UNFPA would seek to mobilize resources through active participation in the United Nations Consolidated Inter-Agency Appeal for Tajikistan.

26. Population and development strategies subprogramme. The purpose of the population and development strategies subprogramme would be to contribute to strengthening the institutional and technical capacity to formulate population policies and population and development strategies in support of sustainable development; and to integrate population and gender issues in national and multisectoral development plans and programmes.

27. The first expected output of this subprogramme would be strengthened capacity for the development of a comprehensive and integrated population and development strategy that underscores population and development linkages and gender concerns through the active involvement of different line ministries, civil society and donors. Effective and efficient planning approaches are essential, especially in the transition to a market economy. Efforts at the national level to meet these concerns included the establishment of a high-level multisectoral body, the National Commission on Population and Development, to formulate proposals for social policies and to coordinate population-related activities. At present, the Commission has too few trained staff to fulfil its mission. However, it has the institutional leverage required for integrated planning and decision-making. UNFPA would provide support through technical assistance, training and equipment to strengthen its capacity to formulate and implement population and development strategies, monitor implementation of the ICPD Programme of Action and coordinate the national population programme.

28. The second expected output of the subprogramme would be the increased technical capacity of national institutions involved in the collection and analysis of data and the conduct of research on health, gender, population and development. Technical assistance would be provided to such institutions, and their staffs would be familiarized with the latest quantitative and qualitative research methodologies. Support would be given to data collection that would help the National Commission on Population and Development to monitor, inter alia, progress in reproductive health and reproductive rights and gender equity and equality. At present, information in Tajikistan is limited to out-of-date census tabulations and data from service statistics. It is therefore important to increase

the nation's capacity to produce, analyse and disseminate demographic and sociocultural data and research for monitoring the implementation of ICPD recommendations.

29. The amount of $0.5 million from regular resources would be allocated to the population and development strategies subprogramme.

30. Advocacy subprogramme. The purpose of the advocacy subprogramme would be to contribute to creating an enabling environment for a broad-based and constructive policy debate on major population and development issues, including reproductive health. Activities under this subprogramme would be designed to foster support among national and local leaders and civil society to facilitate the implementation of the proposed programme.

31. The first expected output of this subprogramme would be enhanced awareness among national leaders and parliamentarians of the importance of an effective, comprehensive national population and reproductive health programme, including environmental concerns. Special attention would be given to supporting advocacy required to incorporate key reproductive health, gender and population and development issues in the country's political and development agenda.

32. The second expected output would be enhanced awareness and support among local leaders for the population programme; for reproductive health and rights, including gender equity; and for the involvement of the community in order to make reproductive health services cost-effective. The subprogramme would seek to promote an awareness and an understanding of ICPD goals and sustainable human development issues in order to foster development partnerships with local institutions and to help create a civil society actively committed to those goals and issues. To optimize results, these advocacy interventions would be undertaken in the regions selected for UNFPA assistance in reproductive health service delivery and outreach.

33. The amount of $0.4 million from regular resources would be allocated to this subprogramme.

Programme implementation, coordination, monitoring and evaluation

34. The Ministry of Health would be a key implementing agency, and the involvement of relevant government agencies and departments would provide a valuable opportunity for national capacity-building to take place. Programme coordination would be undertaken by the National Commission on Population and Development. The NGO sector would be supported and involved wherever feasible. Programme execution would include international NGOs; selected United Nations agencies; and UNFPA, for those components in which it has a comparative advantage. At present, the Government's execution capacity is hindered by the continuing out-migration of personnel and other constraints. Specific screening and selection criteria would need to be applied

in identifying technical agencies that are sufficiently familiar with the sociocultural realities of Tajik society to serve as executing agencies.

35. UNFPA assistance would serve to strengthen coordination with other international and national organizations and agencies and ensure the application of gender-sensitive approaches throughout the population programme; to train national staff in programme management, coordination, planning and monitoring, and to familiarize them with ICPD goals and priorities; and, if needed, to provide emergency assistance in collaboration with the United Nations High Commission for Refugees. When not available locally, technical backstopping to the programme would be sought from the UNFPA CST and other international consultants and experts.

36. Programme implementation would be monitored and evaluated according to established UNFPA guidelines and procedures. The collection of baseline data at the start of the programme and the use of the logical framework approach, with specific quantitative and qualitative indicators would allow monitoring of progress, including an assessment at mid-term and an evaluation at the end of the cycle. Regular project site visits and annual programme meetings that include country programme and subprogramme reviews would be held. The mid-term review would be held in 2002 and would assess overall progress and the adequacy of strategies and activities; this review may result in the adoption of programme adjustments for the remainder of the cycle. The end-of-programme evaluation would be undertaken in late 2003 or early 2004.

37. The UNFPA Country Director for Tajikistan, based in Tashkent, Uzbekistan, has responsibility for the UNFPA programme in Tajikistan. The Country Director is assisted by a National Programme Officer and a Secretary attached to the office of the UNFPA Representative in Tajikistan. Training would be provided to all programme and project staff under the proposed programme. The training would cover such topics as UNFPA programme policies and procedures, programmme management and accountability, NGO capacity-building, gender equity and equality and other key concepts of the ICPD Programme of Action.

38. An amount of $0.4 million from regular resources would be allocated for programme coordination and assistance.

Recommendation

39. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Tajikistan, as presented above, in the amount of $6.0 million for the period 2000-2004, of which $4.0 million would be programmed from the Fund's regular resources, to the extent such resources are available. UNFPA would seek the balance of $2.0 million from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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